



State of Louisiana  
**Department of Revenue**  
Severance Tax Division  
Post Office Box 201  
Baton Rouge, LA 70821-0201

## Registration Application for Oil Spill Contingency Fee

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

Location address \_\_\_\_\_

Area code and telephone number \_\_\_\_\_

Contact person \_\_\_\_\_

Briefly describe below your operations as they relate to the handling of crude oil:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Average number of barrels **unloaded** monthly: \_\_\_\_\_ domestic

\_\_\_\_\_ foreign

Average number of barrels **loaded** monthly: \_\_\_\_\_ delivered within Louisiana

\_\_\_\_\_ exported

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Signature of applicant